

THE MONTREAL GENERAL HOSPITAL

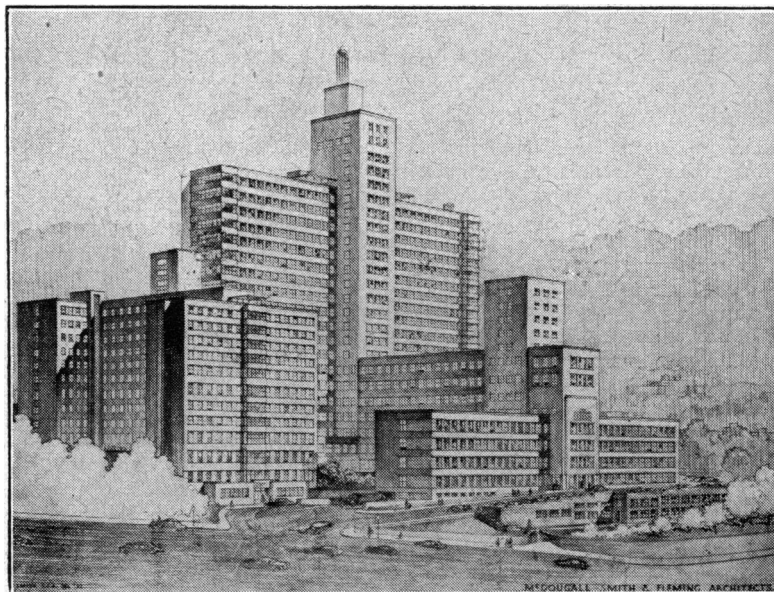
BY

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Great developments have taken place in Canada in the last decade, and with the large increase in population more hospital beds have become necessary. In the City of Montreal alone 3,000 hospital beds are being built at present to meet the demands of this rapidly expanding cosmopolitan city. The largest single hospital building project in Montreal, in fact in Canada, now being undertaken is the construction of the new buildings of the Montreal General Hospital.

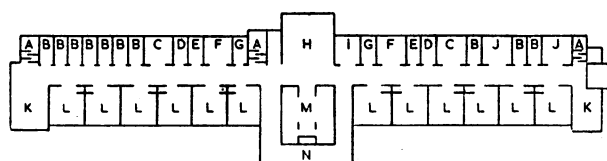
The Montreal General Hospital, a teaching hospital of McGill University, was founded in 1821, and ranks as the oldest teaching hospital in Canada and one of the oldest on the North American continent. Founded by four Edinburgh graduates, it was built in the style of the Royal Infirmary of Edinburgh and throughout the years has maintained close ties with that city. In 1949 a survey of the hospital revealed that modernization of the present buildings would be impossible, and consequently it was decided to erect an entirely new hospital expanding from 640 beds to 750 beds. The hospital authorities were fortunate in securing an area of land of 360,000 sq. ft. (33,450 sq. metres) almost in the centre of the city and within easy reach of suburbs. On this site the new Mon-



[Associated Screen News, Ltd., Montreal]

FIG. 1.—Architect's drawing of the new buildings of the Montreal General Hospital.

TYPICAL WARD FLOOR



- A. Staircase
- C. Baths, flowers, etc.
- E. Examination and treatment
- G. Doctor's office
- I. Seminar
- K. Solarium
- M. Elevators

- B. Single-bed room
- D. Cleaning utility
- F. Nurses' station
- H. Waiting-room
- J. 2-bed ward
- L. 4-bed ward
- N. Ward kitchen

treil General Hospital is being erected and one-half of it has now been completed. The cost of the hospital amounts to \$20m. (£7m. at the present rate of exchange). Two-thirds of this money has been obtained by public subscription, the remainder being provided by the Federal Government of Canada, the Government of the Province of Quebec, and the City of Montreal.

Internal Design

When completed the hospital will have 750 beds and 50 bassinets and a nurses' home to accommodate 250 nurses. The design of the hospital is unusual, as can be seen from the drawing, with an out-patient wing housing full out-patient services, a dental teaching school, and a floor devoted to a psychiatric department with some 20 in-patient beds and 15 beds which will be used for psychiatric patients who receive treatment during the day and go home at night. These same beds will also be used for psychiatric patients who are working during the day and have their treatment at night. The connecting wing will house all the ancillary and diagnostic services, kitchens and staff dining-rooms, and operating suites. The remaining wing is devoted entirely to in-patients, each floor providing accom-

modation for 64 patients each with two nursing units of 32. In order to make the maximum use of beds and have as flexible a plan as possible no ward will contain more than four beds; private patients will be accommodated in single rooms and numerous single and two-bed rooms have been provided on the public patient-floors. The nurses' home and interns' home are both connected with the main hospital by tunnel, every nurse having her own room and toilet facilities.

All the ten operating-room suites are air-conditioned, and provision has been

made for the installation of a cobalt bomb or million volt x-ray therapy machine. Oxygen will be piped to every bed. Automatic-pneumatic tubes will carry records, specimens, and drugs to thirty different outlets throughout the hospital, thus saving many man-working hours. It is hoped to install also a new "walkie-talkie" call system for interns, thus eliminating audible and visual call systems. Eight high-speed elevators are to be fitted, with provision for additional elevators should the need arise.

An amphitheatre to seat 230 people has been provided for. This is in addition to the numerous small lecture theatres available throughout the hospital for the teaching of undergraduates and postgraduate medical men. Every patient-floor has a waiting-room, lecture room, and sun lounges; all patient rooms are equipped with a nurses' call system allowing the patient to talk to the nurse direct from the bed to the nurses' station.

On the domestic side, there is an automatic ice-making machine on every patient-floor. A laundry is to be installed to meet the needs of the whole hospital, with linen chutes on every floor to carry the dirty laundry. All windows will be of the double-hung reversible type to allow easy cleaning. Heating will be by means of oil furnaces, and an independent generator will be installed in case of main electrical breakdowns. The basement will provide food storage space for a minimum of six months' supply of non-perishable foods at any time. All preparation of meat and vegetables will be carried out in the basement, thus allowing more freedom of movement in the central kitchen on the fourth floor, which also houses three large staff dining-rooms.

It is thought the new Montreal General Hospital will be in operation by 1955. It will be the most modern teaching hospital on the North American Continent and its opening will be a great milestone in the history of medical and nursing teaching in Canada. It is hoped that many members of the British Medical Association when they visit Canada for the joint meeting with the Canadian Medical Association in 1955 will find time to visit this new hospital, which has such a strong tie with the Scottish and English medical schools.

ERYTHROMYCIN

Erythromycin in limited amounts has lately been made available by the Ministry of Health to hospitals in the National Health Service, and very shortly it will be freely available on prescription. The Ministry is therefore sending to all hospitals the following note by the Medical Research Council on its use.

Indications and Dangers

Erythromycin has a range of activity similar to that of penicillin and has been shown to be effective in acute infections due to haemolytic streptococci, pneumococci, and staphylococci. Organisms resistant to all other antibiotics are nevertheless sensitive to it: hence its greatest value is in treating staphylococcal infections not responsive to other drugs, the frequency of which, particularly in hospitals, is showing a disturbing increase. A peculiar form of this infection in which its action may be life-saving is the severe staphylococcal enteritis complicating therapy with the broad-spectrum antibiotics or with penicillin and streptomycin. Some other species, including members of the genera *Neisseria* and *Haemophilus* and *Rickettsia*, are also sensitive to it.

Erythromycin is itself a drug to which bacterial resistance can be acquired rather rapidly, and this may be a cause of treatment failure in infections difficult to eradicate, such as endocarditis. It has also to be remembered that bacteria rendered resistant in one patient may later cause infections in others which are insusceptible to the drug from the outset. It might be disastrous if a staphylococcal population were built up which was resistant to erythromycin as well as to earlier antibiotics. It is therefore most necessary that this drug should be prescribed with due regard to the risks of indiscriminate use. Penicillin should be preferred, on this ground—and, it may be added, that of economy—when it will serve equally well. Erythromycin should not be prescribed for most chronic conditions which respond poorly to it as compared with acute conditions—for trivial indications, or for those in which the bacterial cause is unknown.

ORDER OF ST. JOHN OF JERUSALEM

The *London Gazette* has announced the following promotions in, and appointments to, the Venerable Order of the Hospital of St. John of Jerusalem:

As Commanders (Brothers): Colonel F. A. Bearn, C.B.E., D.S.O., M.C., M.D., Major C. D. Donald, M.B., F.R.C.S., Mr. H. S. Taylor-Young, F.R.C.S., and Drs. D. J. Johnson, M.B.E., J. A. L. Roberts, J. B. McKay, W. Bain, N. J. L. Rollason, F. W. Hebblethwaite, T. F. Briggs, O.B.E., T.D., J. F. C. du Toit, and the Hon. W. Nicol. *As Officers (Brothers):* Surgeon Captain E. J. Mockler, M.B., Major G. Brown, M.B., Messrs. H. I. Marriner, F.R.C.S., E. A. Malkin, F.R.C.S., and St. J. M. C. Birt, F.R.C.S., and Drs. G. G. W. Hay, C. L. Worthington, A. E. Pinniger, A. T. G. Thomas, W. R. A. Line, J. W. Silversides, A. M. Boyne, W. M. Dinwoodie, M. C. Cooper, M.C., C. Homi, J. A. R. Lavoipierre, J. S. Binning, E. F. Baines, W. G. McAfee, H. A. Johnson, R. C. Webster, J. M. de Ville-es-Offrans, M.B.E., and R. E. Anderson. *As Officer (Sister):* Dr. Marian Maxwell-Reekie. *As Serving Brothers:* Mr. H. B. Walker, M.C., F.R.C.S., and Drs. A. B. Wallace, J. C. K. Chilcott, F. H. Cleveland, W. B. Boone, A. Burns, O.B.E., M.C., R. Cubitt, D. S.

Chowdhary, T. H. McLeod, J. F. D. Boyd, D. W. Hendry, V. F. Tyndall, J. A. H. Goldacre, A. Stewart, C. T. Newnham, J. E. Hilton, A. Hamerton, J. G. Wilson, A. S. Boyd, W. B. Wishart, L. N. Gollan, and J. V. Vaughan. *As Associate Serving Brothers:* Drs. J. B. Solomon and S. Adler. *As Serving Sisters:* Drs. Betty M. White and Ruth Hull. *As Associate Serving Sister:* Dr. Ray Schauder.

Reports of Societies

THE MANAGEMENT OF THE ALCOHOLIC IN GENERAL PRACTICE

A meeting of the Section of General Practice of the Royal Society of Medicine on January 20 was devoted to a discussion on the management of the alcoholic in general practice. Dr. A. TALBOT ROGERS was in the chair.

Dr. J. YERBURY DENT, Editor of the *Journal of Addiction*, gave an account of alcoholic patients whom he had successfully treated with apomorphine. He used apomorphine by mouth in the treatment of 75% of the addicts who came to him, and he knew of nothing so satisfactory in removing the compulsion. An overdose could not easily be given by mouth. For the first 24 hours the patient might still have a craving for alcohol; if so, he should remain in bed; on the following day the craving was likely to be much less or even gone, but the treatment should be continued for three or four days. A more drastic treatment, with intramuscular injections of apomorphine, usually lasted for a week or ten days, and after it the patients returned to work immediately. Some might relapse, but these could and often did treat themselves successfully by mouth.

Dr. Dent then gave an account of one man who, although a publican, had been treated and had remained a total abstainer for eleven years. The publican then proposed to marry and his intended bride asked him to drink to their future happiness. He told her of his earlier craving and his fear of relapse, but she said, "Then I am not going to marry a coward." He drank one glass of sherry with her, and the next day he drank nearly a bottle of whisky, whereupon she threw him over, saying: "I am not going to marry a drunkard." The man had a second course of treatment and was now once more a total abstainer—and a bachelor.

Although there was an enormous literature on the subject of alcoholic addiction the general practitioner did little for his alcoholic patients. Practically nothing was to be found in the textbooks and little was done for the thousands of addicts and their families. The old idea that all troublesome drunkards should be dealt with by the police still obtained. It was not yet realized that addiction was a disease, however much the act of drunkenness might be considered a moral lapse. The general practitioner could do a great deal to help his patients, and the patient and his friends should bully the doctor, if necessary, into treating the condition seriously. Dr. Dent protested against alcoholic patients being handed over to the psychoanalyst, though he admitted that psychotherapy and psychology had their place in treatment.

The Role of Psychotherapy

Dr. J. A. HOBSON agreed that apomorphine was the most useful drug available for the treatment of alcoholism, but he did not agree with what he considered to be Dr. Dent's disparagement of psychotherapy. Probably Dr. Dent himself practised far more psychotherapy with his patients than he was aware of; he was interested in his patients as human beings and not as "cases." He was sure that "Dent without apomorphine would cure more alcoholics than would apomorphine without Dent."

Psychotherapy was something which general practitioners could practise. Many alcoholics coming to doctors were coerced by their relatives and consequently very suspicious and guarded in their demeanour. Unless the general practitioner could win their confidence he was likely to fail.